



<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional) 017516-009610US
In re Application of: Thomas G. Cooper et al.		
Application Number: 10/726,795		Filed: December 2, 2003
For: FLEXIBLE WRIST FOR SURGICAL TOOL		
Art Unit: 3731		Examiner: Vi X. Nguyen

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- |   |       |
|---|-------|
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$110 |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))           | \$    |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))         | \$    |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))          | \$    |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))          | \$    |
- ☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ .
- ☐ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Director has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430.

I have enclosed a duplicate copy of this sheet.

- I am the ☐ applicant/inventor.
- ☐ assignee of record of the entire interest. See 37 CFR 3.71  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☐ attorney or agent of record.
- ☒ attorney or agent under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a). 41,405 .

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

August 25, 2004

Date

Signature

Chun-Pok Leung, Reg. No. 41,405

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 2 forms are submitted.